



CITY OF FULSHEAR

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Backflow Prevention Assembly Certified Test Report

Name of Property: _____
 Property Address: _____
 City: _____ State: _____ Zip: _____ Key Map#: _____ Phone #: _____
 Mailing Address: _____ Contact Person: _____
 License #: _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TNRCC CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, AND CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

Type of Assembly

() Reduced Pressure Principle (RP) () Pressure Vacuum Breaker (PVB)
 () Double Check Valve (DCV) () Spill-Resistant Pressure Vacuum Breaker (SVB)
 Manufacturer: _____ Model #: _____ Size: _____ Serial Number: _____
 Located at: _____ Date Installed: _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker & SVB	
	Double Check Valve Assembly				
	Check Valve #1	Check Valve #2			
Initial Test Passed	D.C. Closed Tight ()	D.C. Closed Tight ()	Opened At ()	Opened At ()	Held At ()
	R.P. _____ PSID	R.P. _____ PSID	_____ PSID	_____ PSID	_____ PSID
	Leaked ()	Leaked ()	Did Nor Open ()	Did Nor Open ()	Leaked ()
Repairs and Materials Used					
Final Test	Closed Tight ()	Closed Tight ()	Opened At ()	Opened At ()	Held At ()
	R.P. _____ PSID	R.P. _____ PSID	_____ PSID	_____ PSID	_____ PSID

Test Gauge Used: _____ Meter #: _____
 Remarks: _____

THE ABOVE IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

CT's Firm Name: _____ Certified Tester: _____
 Firm Address: _____
 Certified Tester #: _____ Test Date: _____ Firm Phone #: _____

****Submit this report along with a copy of license to inspections@fulsheartexas.gov**